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FROM: Barbara M. Hayashi DATE: June 30, 2006

Number of pages with cover page:	4	Our Reference 480062001800
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Comments:

Application No. 10/727,287

Attached: a) Transmittal Form, b) Fee Transmittal (original and duplicate), c) Request for Continued Examination.

00-301093

PAGE 1/4 * RCVD AT 6/30/2006 5:26:09 PM [Eastern Daylight Time] * SVR:USPTO-EFXRF-6/40 * DNIS:2738300 * CSID:949 251 0900 * DURATION (mm:ss):01:52

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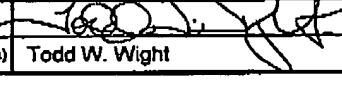
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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<i>Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).</i>		Complete if Known	
FEE TRANSMITTAL For FY 2006		Application Number	10/727,287
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Filing Date	December 3, 2003
TOTAL AMOUNT OF PAYMENT (\$ 790.00)		First Named Inventor	Scott W. SANDERS
		Examiner Name	A. S. Ahmed
		Art Unit	3763
		Attorney Docket No.	480062001800

METHOD OF PAYMENT (check all that apply)				
<input type="checkbox"/> Check	<input type="checkbox"/> Credit Card	<input type="checkbox"/> Money Order	<input type="checkbox"/> None	<input type="checkbox"/> Other (please identify): _____
<input checked="" type="checkbox"/> Deposit Account Deposit Account Number: 03-1952 Deposit Account Name: Morrison & Foerster LLP				
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<input checked="" type="checkbox"/> Charge fee(s) indicated below		<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee		
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17		<input checked="" type="checkbox"/> Credit any overpayments		

FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.)							
1. BASIC FILING, SEARCH, AND EXAMINATION FEES							
Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fees Paid (\$)
Utility	300	150	500	250	200	100	_____
Design	200	100	100	50	130	65	_____
Plant	200	100	300	150	160	80	_____
Reissue	300	150	500	250	600	300	_____
Provisional	200	100	0	0	0	0	_____
2. EXCESS CLAIM FEES							
Fee Description							
Each claim over 20 (including Reissues) _____ 50 25							
Each independent claim over 3 (including Reissues) _____ 200 100							
Multiple dependent claims _____ 360 180							
Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims			
_____	_____	_____	_____	Fee (\$)	Fee Paid (\$)		
HP = highest number of total claims paid for, if greater than 20. _____							
Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)				
_____	_____	_____	_____				
HP = highest number of independent claims paid for, if greater than 3. _____							
3. APPLICATION SIZE FEE							
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).							
Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof		Fee (\$)	Fee Paid (\$)		
_____	- 100 = _____	/50 _____ (round up to a whole number) x _____ = _____		Fee (\$)	Fee Paid (\$)		
4. OTHER FEE(S)							
Non-English Specification, \$130 fee (no small entity discount) _____							
Other (e.g., late filing surcharge): 1801 Request for continued examination (RCE) (see 37 ... 790.00)							

SUBMITTED BY	
Signature	
Name (Print/Type)	Todd W. Wight
Registration No. (Attorney/Agent)	45,218
Telephone	(949) 251-7189
Date	June 30, 2006

oc-315811

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**FEE TRANSMITTAL
For FY 2006**

Complete if Known	
Application Number <u>10/727,287</u>	
Filing Date <u>December 3, 2003</u>	
First Named Inventor <u>Scott W. SANDERS</u>	
Examiner Name <u>A. S. Ahmed</u>	
Art Unit <u>3763</u>	
TOTAL AMOUNT OF PAYMENT	(\$) 790.00
Attorney Docket No. <u>480062001800</u>	

METHOD OF PAYMENT (check all that apply)

<input type="checkbox"/> Check	<input type="checkbox"/> Credit Card	<input type="checkbox"/> Money Order	<input type="checkbox"/> None	<input type="checkbox"/> Other (please identify): _____
<input checked="" type="checkbox"/> Deposit Account Deposit Account Number: <u>03-1952</u> Deposit Account Name: <u>Morrison & Foerster LLP</u>				
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)				
<input type="checkbox"/> Charge fee(s) indicated below		<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee		
<input type="checkbox"/> Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17		<input checked="" type="checkbox"/> Credit any overpayments		

FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.)**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

<u>Application Type</u>	<u>FILING FEES</u>		<u>SEARCH FEES</u>		<u>EXAMINATION FEES</u>		<u>Fees Paid (\$)</u>
	<u>Fee (\$)</u>	<u>Small Entity Fee (\$)</u>	<u>Fee (\$)</u>	<u>Small Entity Fee (\$)</u>	<u>Fee (\$)</u>	<u>Small Entity Fee (\$)</u>	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEESFee Description

Each claim over 20 (including Reissues)

Each independent claim over 3 (including Reissues)

Multiple dependent claims

**DUPLICATE COPY
FOR FEE PROCESSING**

<u>Total Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>	<u>Multiple Dependent Claims</u>	
				<u>Fee (\$)</u>	<u>Small Entity Fee (\$)</u>
-	-	x	=	50	25
HP = highest number of total claims paid for, if greater than 20.				200	100
Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	360	180
-	-	x	=		
HP = highest number of independent claims paid for, if greater than 3.					

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

<u>Total Sheets</u>	<u>Extra Sheets</u>	<u>Number of each additional 50 or fraction thereof</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
- 100 =	/50	(round up to a whole number) x	=	

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entry discount)

Other (e.g., late filing surcharge): 1801 Request for continued examination (RCE) (see 37 ...

790.00

SUBMITTED BY

Signature		Registration No. (Attorney/Agent)	45,218	Telephone	(949) 251-7189
Name (Print/Type)	Todd W. Wight			Date	June 30, 2006

cc-315811